

The Rhode Island U.S.T. Review Board

REQUEST FOR REIMBURSEMENT

Please submit this original form. Any additional claims for reimbursement regarding this site must be submitted via a supplemental request for reimbursement.

OFFICE USE ONLY
RFR #

Applicant's Name			
Contact Person	Name	Phone #	
	Fax#		
Mailing Address			
Reimbursement Mailing Address (if different)			
Site Name			
Site Address	Street	Longitude	
	City	Zip	Latitude
Site Ownership History	<p>Applicant acquired site on (date) from (name)</p> <p>Current Owner of site, if not applicant:</p> <p>Name:</p> <p>Address:</p> <p>Phone#:</p> <p>List all known previous owners of site and dates of ownership:</p>		
Applicant's Representative (if applicable)	<p>Name:</p> <p>Address:</p> <p>Phone#:</p> <p>Fax:</p>		
<input type="checkbox"/> Check here if you want this representative to be the primary contact for this claim and copied on all correspondence.			

Total of all expenses	
Less Deductible	\$20,000
NET REIMBURSEMENT REQUEST	\$
Dates of work covered by this application	From: To:

RELEASE INFORMATION

"Release" means any spilling, leaking, pumping, pouring, injecting, emitting, escaping, leaching, or disposing of any materials stored in an underground storage tank system into the groundwater, surface water or subsurface soils. (Section 7.66 of the Rhode Island Regulations for Underground Storage Facilities Used for Petroleum Products and Hazardous Materials. Regulation DEM-DWM-UST05-93)

1	What is your facility's LUST Case #?	
2	On what date was the release discovered?	
3	When was the release reported to the RI DEM?	
4	Describe the release occurrence (how did it happen?)	
5	Volume of release (gallons)	
6	Describe actions and dates of those actions taken to respond to the release.	
7	Was a Closure Assessment performed? (please include dates of closure and contractor's name)	
8	Did the DEM require a Site Investigation Report (SIR)? Please include the date of the report and contractor's name.	
9	Did the DEM require a Corrective Action Plan (CAP)? Please include the date of the report, contractor's name, and the date of the approval letter from DEM.	
10	Has the CAP been implemented? If so, when?	
11	Is this site under an Operation and Maintenance Phase of work? (please describe the work)	

REIMBURSEMENT INFORMATION

1	<p>Will there be additional reimbursement applications for this release? If yes, estimate the amount of additional costs:</p> <p>\$ _____</p> <p>I identify what work these costs represent.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<p>Has the applicant received, or does the applicant expect to receive, compensation for corrective action costs from ANY source other than the Rhode Island U.S.T. Financial Responsibility Fund? If yes, give amount of that reimbursement \$ _____. I identify source of other reimbursement.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<p>List all insurance policies covering this site at date of release (attach additional page if necessary):</p> <p>Carrier Name: _____ Policy #: _____</p> <p>Agent's Name: _____ Phone #: _____</p> <p>Does this policy cover cleanup of petroleum contamination? Yes No If "no" attach copy of exclusion.</p>	

TECHNICAL INFORMATION

List all technical reports pertaining to this remediation. Copies of these reports **must be** submitted with your application. If the reports are not included, your application will be considered administratively incomplete.

1	<u>Name of Report</u>	<u>Name of Company who Prepared Report</u>	<u>Date of Report</u>

CERTIFICATION FOR REQUEST FOR REIMBURSEMENT

Applicant certifies, under penalty of law, that applicant is the appropriate person to request the foregoing reimbursement, and that this document and all attachments were prepared under applicant's direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on applicant's inquiry of the person(s) who manage (d) the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of the applicant's knowledge and belief, true, accurate, and complete. Applicant understands that by filing this application for consideration by the Rhode Island Underground Storage Tank Financial Responsibility Fund Review Board, applicant agrees to return to the Board upon its demand the entire award applicant may receive or any other amount the Board considers appropriate if (1) applicant misrepresented or omitted any fact relevant to the determinations made by the Board, oral or written; or (2) applicant fails to complete, to the Board satisfaction, ongoing corrective action which may be under way.

Applicant Signature _____ Date _____

Print/Type name _____ Date _____

Subscribed and sworn to before me in the county of _____,

State of _____, on this _____ day of _____, _____.

My commission expires _____.

Notary Public Signature

Applicant representative, if representative prepared application:

Signature _____ Date _____

Print/Type name _____ Title _____

**SEND TYPED ORIGINAL APPLICATION - WITH ORIGINAL SIGNATURE - AND ACCOMPANYING
DOCUMENTS TO:**

**The Rhode Island U.S.T. Review Board
235 Promenade Street, Suite 106
Providence, Rhode Island 02908**

QUESTIONS????? Call (401) 222-4244

(form 10)
10/12/99